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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014579

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 75

FILED MAY 1 1962

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SmithvilleLength of stay in 1b  
27 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Smithville Community Hosp.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clay

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

4035 Kelsey Road

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Earl

Middle

Ernest

Last

Goucher

4. DATE  
OF  
DEATH

Month

April

Day

21

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-2-1890

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired Maintenance

## 10b. KIND OF BUSINESS OR INDUSTRY

Standard Oil Ref.

## 11. BIRTHPLACE (City and state or country)

Jefferson Co., Ks.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

J. R. Goucher

## 13b. MOTHER'S MAIDEN NAME

Ridgeway

## 14. NAME OF HUSBAND OR WIFE

Loretta Goucher

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Loretta Ann Goucher

## Address

4035 Kelsey Road Kansas City 16, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Multiple central thrombosis

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Chronic alcoholism

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3/26/62 to 4/21/62 and last saw him alive on 4/21/62Death occurred at 10:00 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert G. Lewis Jr. M.D.

## 22b. ADDRESS

Smithville, Mo.

## 22c. DATE SIGNED

4/23/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

4-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

## 23d. LOCATION (City, town, or county)

Chanute, Kansas

## 24. FUNERAL DIRECTOR

HARRY BUTLER FUNERAL HOME, INC.

2100 E. Russell Rd. K. C. 16, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

4-23-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 4 1962

JUL 24 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. L. Gibson*

Licensed Embalmer No.

*4137*  
*4737 No. Highland*

P. O. Address

*15. P. 16, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.